

Mr. Jochen Fischer

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www.jf-ortho.co.uk

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Tennis elbow release

You've been listed for an operation called tennis elbow release. You should have received most of the information during your last consultation with me. While the operation is successful for the vast majority of patients, there is a small risk of complications. As part of the consent process I will explain some common and/or significant complications to you. This list doesn't include every single complication that could possibly occur, but will focus on the important ones. While it is important that you understand the risk of complications, this shouldn't put you off having the operation, as the potential benefits of successful surgery by far outweigh the small risk of complications. Please don't hesitate to get in touch with me if you've got any further questions about this.

Infection: There is always a small risk of infection following any surgery. The risk is small. If the wound should become red/hot/swollen/painful following the operation you should see myself, your GP or a Doctor in the A&E department for advice. A short course of Antibiotics will usually eradicate the infection.

Nerve damage: There is a small risk of accidental damage to fine nerve branches. This could leave you with a small area of numbness. Although some damaged nerves can be repaired, recovery is usually slow and often incomplete. Sometimes damaged nerve endings can grow a painful neuroma, this may respond to physiotherapy or may require further surgery.

Recurrence: There is always a small risk of recurrence of tennis elbow, even after seemingly successful surgery. The risk of recurrence is low. Further treatment depends on the individual circumstances, but it's often difficult to make this a success

Ongoing pain: Tennis elbow release does not always guarantee that any pain in the area will disappear; this can be a problem especially in patients in a heavy manual job. Some patients do not respond to surgery for tennis elbow.

Scar tenderness: This can sometimes be a problem. Most patients will respond to physiotherapy.

Pain syndrome: This is a rare but potentially disabling problem. It is a poorly understood condition where patients experience pain out of proportion following surgery. In severe cases this can also cause stiffness of the fingers. While intensive Physiotherapy can help most patients to control the symptoms, very few patients can be left with severe pain and stiffness leading to long-term disability.

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Following Surgery:

Bandages: You will have a padded bandage around your elbow. You can remove the outer bandages after 2 days. Keep the sticky dressing on. If it gets wet, replace it with a dry dressing. After 2 weeks the dressing can be removed and you can get the wound wet.

Sutures: They are absorbable. There is usually no need to formally remove the sutures.

Mobilisation: You can mobilise as pain allows. Get your hand involved in light daily activities as soon as the pain subsides. Build up your activity levels slowly. Avoid strenuous activities and heavy lifting for about 2-3 months. You will start with Physiotherapy approximately 4 weeks following surgery.

Pain killers: You will get some to take home from the ward. They work best when you take them early before it's really painful. Take some painkillers before you go to bed. If pain levels are high: Take painkillers regularly to keep the blood levels high. If pain levels are low: Take painkillers as and when required.

Problems following surgery: Phone the ward for advice.

If you would prefer to discuss this again with me prior to treatment then please contact my secretary : Tel 07935 480188, Email jfortho.secretary@gmail.com

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